Amendment To Question 16 Only

# MASSACHUSETTS STATE ETHICS COMMISSION ONE ASHBURTON PLACE – ROOM 619 BOSTON, MA 02108-1501 (617) 371-9500 RECEIVED STATE ETHICS COMMISSION 0 PM 1: 18

# STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2010

Please provide the requested information. As required by G.L. c. 268B, the Financial Disclosure Law, you must answer all questions to the best of your knowledge. If your answer to any question is "none" or if any question is not applicable, check "Not Applicable." If extra space is needed to complete a response, attach additional pages, clearly noting the question to which the information relates. If the Commission needs to contact you regarding this form, we will use the contact information provided in Question 1.

### 1: Reporting Data

Person Reporting:	Deval L. Patrick	
Current Home		
Address:		
City:	ASS ASSESSED	
State:		
Zip:		
Home Phone:		
Office Phone:	617-725-4000	
Office Email:	jamie.hoag@state.ma.us	
Name of spouse residing in your household:		□ Not Applicable
Name of any dependent child(ren) residing in your household:	a de la composición del composición de la composición del composición de la composición del composición de la composición de la composición del composició	Not Applicable

# 2: Candidate: I am a candidate for the following office:

0.00	
Office:	

### 3: Positions Held

This question indicates the reason you are required to file a Statement of Financial Interests and <u>must be completed</u>. Identify each position you held in 2010 or now hold as a PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and report the AMOUNT of INCOME, by category, derived from each position in 2010. If you did not earn any INCOME in any such position in 2010, complete the question, but check the "Income Not Applicable" box. For AMOUNT categories, see Instructions page 5.

Agency in which you serve(d):	Governor's Office	The same that we will be a
Your Position:	Governor	
Start Date:	January 4, 2007 - present	
End Date if applicable:		
Amount of Income Earned in 2010:	\$100,000 or more	☐ Income Not Applicable for 2010

# 14: Business and Charitable Trusts

If you and/or an IMMEDIATE FAMILY member had a beneficial ownership interest or served as a trustee of a BUSINESS or CHARITABLE TRUST as of December 31, 2010, you need to answer this question. You are not required to disclose the address of the BUSINESS or CHARITABLE TRUST if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

Name of Trust:	□ Not Applicable
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries:	
Percentage of Equity Owned by Filer:	
Income (Filer Only):	
15: Business and Charitable Trust Assets	
CHARITABLE TRUST(S) and beneficiall December 31, 2010. You are not required to CHARITABLE TRUST(S) if it is the same	with a fair market value in excess of \$1,000, held in a BUSINESS or y owned by you and/or an IMMEDIATE FAMILY member as of o disclose the address of a property held in the BUSINESS or as your current home address. Where applicable, you should answer dress." Please review the Instructions which detail the information that
nould be disclosed.	□ Not Applicable
Name of Trust:	L NOT Applicable
Name of Issuer:	
Description of Security:	
Address of Real Estate Held in the Trust:	
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FAMILY TRUST and beneficially owned to 2010. If your home is held in a FAMILY To Massachusetts. You are not required to disc this portion of the question with "Home Add	TMENTS, with a fair market value in excess of \$1,000, held in a by you and/or an IMMEDIATE FAMILY member as of December 31, TRUST, report details on the property in Question 22 if it is located in close your current home address. Where applicable, you should answer dress." Please review the Instructions which detail the information that
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# 29: Debts Forgiven

Identify each creditor who at any time during 2010 forgave any indebtedness in excess of \$1,000 owed by you and/or an IMMEDIATE FAMILY member. EXCLUDE: Any debts forgiven by a spouse, a CLOSE RELATIVE, or the spouse of a CLOSE RELATIVE.

Creditor Name:	☐ Not Applicable
Address:	
Amount Forgiven (Filer Only):	
30: Certification	
I, (Signature)	, certify under the pains and penalties of perjury that:
	t to obtain the required information concerning myself and IMMEDIATE
The information provided on this is	form and any attachments is true and complete, to the best of my knowledge.
	Submitted 6/10/2014
L	(Date)
The following DAMEDY ATTE HARRY	
this form fully and accurately. You are Where applicable, you should answer to Child(ren)," "Spouse," "Spouse and Child(ren),"	Y member(s) declined to disclose information which is necessary to complete e not required to disclose the name of your spouse or any dependent child(ren). his portion of the question by indicating the relationship, e.g., "Filer and uild(ren)" or "Child(ren)."
The following are the specific questions	(s) for which information could not be obtained from an IMMEDIATE
FAMILY member(s):	which information could not be obtained from an IMMEDIATE
The following are the specific question(	s) which I decline to answer in whole or in part, because I assert the
information is privileged by law:	whole of in part, because I assert the
Please explain the basis of your claim of	f privilege:

# IMPORTANT:

- No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in his duties or to receive 1. compensation from public funds unless he has filed an SFI with the Commission. The Commission will notify your agency head immediately if you fail to timely file.
- 2. A faxed SFI cannot be accepted.
- If you are filing by mail or in person, you must submit the original SFI and one (1) copy to complete the 3. filing. If you would like a receipt, you must file an additional copy and a self-addressed stamped envelope. The Commission will date-stamp and return the additional copy to you as proof of filing.
- Please check to see that you answered every question. If a question is not applicable or the answer is none. 4. you must check the "Not Applicable" box.
- If you were required to amend your SFI last year, we encourage you to carefully review your 2009 SFI 5. before submitting your SFI for 2010. - 8 -

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